Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end. Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, for hospital outpatient services. Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

		Α	В		С		D		F	G	K	L		М		N
	1009	including % Part B nsurance	Basic includ 100% Part coinsurand	В	Basic including 100% Part B coinsurance	10	sic including 00% Part B oinsurance	1	asic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic	Hospitalization and preventive care paid at	1 c	sic, including 00% Part B coinsurance	100 coi	ic, including 00% Part B insurance,
MEDICARE SUPPLEMENT											benefits paid at 50%	100%; other basic benefits paid at 75%	:		paym visit a	ot up to \$20 co- nent for office and up to \$50 ayment for ER
RATE Updated August 8, 2012					Skilled Nursing Facility Coinsurance		illed Nursing Facility oinsurance		killed Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance		killed Nursing ity Coinsurance		lled Nursing Facility Dinsurance
			Part A Deductible	е	Part A Deductible]	Part A Deductible		Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible		50% Part A Deductible	Part .	A Deductible
					Part B Deductible				Part B Deductible							
					2000				Part B Excess (100%)	Part B Excess (100%)						
					Foreign Travel Emergency		reign Travel Emergency		oreign Travel Emergency	Foreign Travel Emergency				oreign Travel Emergency		reign Travel mergency
											Out-of-Pocket limit \$[4620]; paid at 100% after limit reached	Out-of-Pocket limit \$[2310]; paid at 100% after limit reached	t			
COMPANY NAME																
AETNA LIFE INSURANCE COMPANY	\$	129.52		43.20	\$ -	\$	-	\$	165.28			\$ -	\$	-	\$	119.46
ASSURED LIFE ASSOCIATION	\$	131.93	\$ 14	14.54	\$ 179.39	\$	148.28	\$	180.06	\$ 149.57	-	\$ -	\$	-	\$	121.54
BANKERS FIDELITY (STD)	\$	132.00	\$	-	\$ -	\$	-	\$	181.00	\$ 129.00	\$ 75.00	\$ -	\$	-	\$	
BANKERS FIDELITY (PREF)	\$	110.00	\$	-	\$ -	\$	-	\$	151.00	\$ 106.00	\$ 62.00	\$ -	\$	-	\$	-
BLUE CROSS/BLUE SHIELD	\$	108.98	\$	-	\$ 160.00	\$	-	\$	162.41	\$ -	\$ -	\$ -	\$	-	\$	-
CENTRAL STATES INDEMNITY CO. OF OMAHA	\$	98.72	\$ 1	15.20	\$ 138.00	\$	-	\$	-	\$ 143.44	\$ -	\$ -	\$	-	\$	100.48
COLONIAL PENN LIFE INSURANCE COMPANY	\$	120.64	\$ 14	19.67	\$ -	\$	-	\$	168.32	\$ 152.10	\$ 65.05	\$ 105.70	\$	131.11	\$	95.72
COMBINED INSURANCE	\$	187.83	\$	-	\$ -	\$	-	\$	246.96	\$ -	\$ -	\$ -	\$	-	\$	172.87
CONTINENTAL GENERAL	\$	110.79	\$	-	\$ -	\$	-	\$	136.41	\$ 118.31	\$ -	\$ -	\$	-	\$	110.38
CONTINENTAL LIFE INS. CO. of BRENT	\$	92.22	\$ 1	16.14	\$ -	\$	-	\$	134.93	\$ 118.16	\$ -	\$ -	\$	-	\$	93.87
EQUITABLE LIFE & CASUALTY INS CO	\$	150.88	\$	-	\$ -	\$	-	\$	213.72	\$ -	\$ -	\$ -	\$	-	\$	150.42

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end. Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, for hospital outpatient services. Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

		Α	В		С		D	F	G		K	L	М		N
		including	Basic including		c including 100%		ncluding	Basic including	Basic inclu		Hospitalization and	Hospitalization	Basic, including		sic, including
		% Part B surance	100% Part B coinsurance	Part	t B coinsurance		Part B urance	100% Part B coinsurance	100% Pa		preventive care paid at 100%; other basic	and preventive care paid at	100% Part B coinsurance		00% Part B pinsurance,
	Coms	Surance	comsurance			COILIS	urance	Comsulance	Comsura	IICE	benefits paid at 50%		Comsulance		pt up to \$20 co-
											μ σ σ	benefits paid at		payı	ment for office
												75%			and up to \$50
														со-р	ayment for ER
MEDICARE SUPPLEMENT				01	delle el Niconelle el	OL:III	NI	Obilla d Nomain a	Obilla al Nico		500/ Obilled Norming	75% Skilled	Obilla d Norrain a	01	dila al Niconalia a
RATE Updated					killed Nursing ility Coinsurance		Nursing cility	Skilled Nursing Facility	Skilled Nu Facilit	_	50% Skilled Nursing Facility Coinsurance	Nursing Facility	Skilled Nursing Facility Coinsurance		illed Nursing Facility
August 8, 2012				1 401	mity Combarance		surance	Coinsurance	Coinsura		Tability Collidarance	Coinsurance	aomy Combarano		oinsurance
August 6, 2012											50% Part A	75% Part A	50% Part A		
			Part A		Part A		art A	Part A	Part A	١	Deductible	Deductible	Deductible	Par	t A Deductible
			Deductible		Deductible	Ded	uctible	Deductible	Deducti	ble					
					Part B Deductible			Part B Deductible							
					Deddclible			Part B	Part E	3					
								Excess	Exces	-					
					· :			(100%)	(100%				Familian Tanada		i TI
					oreign Travel Emergency	-	n Travel rgency	Foreign Travel Emergency	Foreign T Emerge				Foreign Travel Emergency		reign Travel Emergency
					Lineigency	Lille	rgericy	Emergency	Lillorgo	10)				_	
											Out-of-Pocket limit	Out-of-Pocket limit			
											\$[4620]; paid at	\$[2310]; paid at			
											100% after limit reached	100% after limit reached			
COMPANY NAME											Todoriod	rederred			
FAMILY LIFE INSURANCE COMPANY	\$	125.03	\$ 152.10	\$	172.73	\$	159.38	\$ 180.08	\$ 1	60.28	\$ -	\$ -	\$ 143.48	\$	126.08
FORETHOUGHT LIFE INSURANCE COMPANY	\$	132.83	\$ -	\$	175.06	\$	-	\$ 179.27	\$ 1	35.01	\$ -	\$ -	\$ -	\$	117.00
GERBER LIFE INSURANCE CO.	\$	113.90	\$ -	\$	-	\$	-	\$ 158.47	\$ 1	34.16	\$ -	\$ -	\$ -	\$	_
GLOBE LIFE AND ACCIDENT	\$	70.00	\$ 108.50	\$	125.00	\$	-	\$ 126.00	\$	-	\$ -	\$ -	\$ -	\$	-
GOVERNMENT PERSONNEL MUTUAL LIFE	\$	121.14	\$ -	\$	164.16	\$	-	\$ 168.12	\$ 1	28.65	\$ -	\$ -	\$ -	\$	112.38
GREAT AMERICAN LIFE INS CO	\$	125.23	\$ -	\$	-	\$	-	\$ 151.70	\$ 1	33.11	\$ -	\$ -	\$ -	\$	120.03
HUMANA INSURANCE CO (Standard)	\$	153.66	\$ 183.57	\$	211.33	\$	-	\$ 215.61	\$	-	\$ -	#REF!	\$ -	\$	-
LIBERTY NATIONAL LIFE INS CO	\$	146.00	\$ 168.00	\$	-	\$	-	\$ 191.00	\$	-	\$ -	\$ -	\$ -	\$	146.00
LOYAL AMERICAN LIFE INS CO	\$	116.95	\$ 136.56	\$	163.33	\$	143.20	\$ 169.35	\$ 1	46.83	\$ -	\$ -	\$ -	\$	118.50
MADISON NATIONAL LIFE INS CO	\$	123.00	\$ 147.45	\$	-	\$	-	\$ 170.72	\$ 1	57.64	\$ 84.20	\$ -	\$ -	\$	138.54
MARQUETTE NATIONAL LIFE INS CO	\$	131.48	\$ -	\$	-	\$	147.83	\$ 173.49	\$ 1	56.40	\$ -	\$ -	\$ -	\$	117.51
MEDICO INSURANCE COMPANY	\$	110.09	\$ -	\$	-	\$	144.86	\$ -	\$ 1	58.35	\$ -	\$ -	\$ -	\$	-

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end. Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, for hospital outpatient services. Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

	Α	В	С	D	F	G	K	L	М	N
	sic including	•	Basic including 100%	Basic including	Basic including	Basic including	Hospitalization and	Hospitalization	Basic, including	Basic, including
	00% Part B oinsurance	100% Part B coinsurance	Part B coinsurance	100% Part B coinsurance	100% Part B coinsurance	100% Part B coinsurance	preventive care paid at 100%; other basic	and preventive care paid at	100% Part B coinsurance	100% Part B coinsurance.
	omourance	comodiance		Combarance	Comoditation	Combarance	benefits paid at 50%		Comodiano	except up to \$20 co-
								benefits paid at		payment for office
								75%		visit and up to \$50 co-payment for ER
MEDICARE SUPPLEMENT										co-payment for ER
RATE			Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing	50% Skilled Nursing	75% Skilled	Skilled Nursing	Skilled Nursing
Updated			Facility Coinsurance	Facility	Facility	Facility	Facility Coinsurance		Facility Coinsurance	Facility
August 8, 2012				Coinsurance	Coinsurance	Coinsurance		Coinsurance		Coinsurance
		5	5	5	D	5	50% Part A	75% Part A	50% Part A	D (AB) (3)
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Deductible	Deductible	Deductible	Part A Deductible
		Deddolible	Part B	Beddottble	Part B	Deddolibio				
			Deductible		Deductible	D 15				
					Part B Excess	Part B Excess				
					(100%)	(100%)				
			Foreign Travel	Foreign Travel	Foreign Travel	Foreign Travel			Foreign Travel	Foreign Travel
			Emergency	Emergency	Emergency	Emergency			Emergency	Emergency
							Out-of-Pocket limit	Out-of-Pocket limit		
							\$[4620]; paid at	\$[2310]; paid at		
							100% after limit reached	100% after limit reached		
COMPANY NAME							reactied	reached		
MUTUAL OF OMAHA INSURANCE COMPANY	\$ 121.14	\$ -	\$ 171.17	\$ 149.23	\$ 175.56	\$ -	\$ -	\$ -	\$ -	\$ -
RESERVE NATIONAL INS.CO	\$ 152.90	\$ -	\$ 227.00		\$ -	\$ 143.25	\$ -	\$ -	\$ -	\$ 143.70
ROYAL NEIGHBORS OF AMERICA	\$ 121.24	\$ 152.33	\$ 177.48	\$ 142.26	\$ 178.13	\$ 142.84	\$ -	\$ -	\$ -	\$ -
STANDARD LIFE & ACCIDENT	\$ 197.66	\$ 225.05	\$ 255.86	\$ 154.17	\$ 210.41	\$ 155.35	\$ -	\$ -	\$ -	\$ 101.48
STATE MUTUAL INS CO (Standard)	\$ 92.93	\$ 108.46	\$ 129.98	\$ 113.77	\$ 135.13	\$ 114.44	\$ -	\$ -	\$ 102.41	\$ 94.57
STERLING LIFE (Area 1)	\$ 159.37	\$ 192.37	\$ 222.94	\$ -	\$ 223.11	\$ 219.67	\$ 62.21	\$ -	\$ -	\$ 120.28
STERLING LIFE (Area 2)	\$ 160.95	\$ 196.90	\$ 227.84	\$ -	\$ 228.00	\$ 224.79	\$ 65.60	\$ -	\$ -	\$ 126.55
STERLING INVESTORS LIFE	\$ 106.58	\$ 124.43	\$ 149.06	\$ 130.38	\$ 154.92	\$ 131.21	\$ -	\$ -	\$ 117.38	\$ 108.41
TRANSAMERICA LIFE INSURANCE CO.	\$ 83.00	\$ 107.00	\$ 127.00	\$ 116.00	\$ 128.00	\$ 116.00	\$ 59.00	\$ 87.00	\$ 107.00	\$ 101.00
UNITED AMERICAN {A}	\$ 113.00	\$ 156.00	\$ 185.00	\$ 176.00	\$ 179.00	\$ 166.00	\$ 104.00	\$ -	\$ -	\$ 146.00
UNITED COMMERCIAL TRAVELERS OF AM.	\$ 156.11	\$ -	\$ -	\$ -	\$ 239.90	\$ 190.30	\$ -	\$ -	\$ -	\$ 167.93
UNITED HEALTHCARE(AARP)	\$ 109.45	\$ 159.50	\$ 192.22	\$ -	\$ 193.32	\$ -	\$ 72.87	\$ 111.65	\$ -	\$ 127.87

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, for hospital outpatient services.

Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

	Α	В	С	D	F	G	K	L	М	N
	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	care paid at	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 co- payment for office visit and up to \$50 co-payment for ER
MEDICARE SUPPLEMENT RATE Updated August 8, 2012			Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
			Part B Deductible		Part B Deductible					
			Deductible		Part B Excess (100%)	Part B Excess (100%)				
			Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket limit \$[4620]; paid at 100% after limit reached	Out-of-Pocket limit \$[2310]; paid at 100% after limit reached		
COMPANY NAME										
UNITED NATIONAL LIFE INSURANCE	\$ 125.53	\$ -	\$ -	\$ 152.20	\$ 177.80	\$ 155.35	\$ -	\$ -	\$ -	\$ -
UNITED OF OMAHA LIFE INS CO	\$ 124.60	\$ -	\$ -	\$ -	\$ 179.69	\$ 142.59	\$ -	\$ -	\$ 140.79	\$ 142.31
UNITED WORLD LIFE INSURANCE COMPANY	\$ 126.14	\$ 151.30	\$ 177.41	\$ 154.92	\$ 181.92	\$ 158.53	\$ -	\$ -	\$ -	\$ -
WORLD CORP INSURANCE CO	\$ 133.41	\$ -	\$ -	\$ -	\$ 173.94	\$ -	\$ -	\$ -	\$ -	\$ -
USAA LIFE	\$ 100.13	\$ -	\$ -	\$ 130.56	\$ 135.32	\$ 128.35	\$ -	\$ -	\$ -	\$ -

^{*} Plans K and L provide for different cost-sharing for items and services than Plans A-J FOOTNOTES:

^{1.} RATES SHOWN ARE MONTHLY DIRECT (PREMIUM NOTICES SENT TO INSURED)

^{2.} RATES SHOWN ARE FOR MALE ONLY SOME COMPANIES MAY OFFER LOWER RATES FOR FEMALE

^{3.}SOME COMPANIES MAY OFFER LOWER RATES FOR NON-SMOKERS

^{4.} SOME COMPANIES MAY OFFER PLANS F AND J WITH HIGH DEDUCTIBLE OPTIONS. (THIS RESULTS IN HIGHER OUT OF POCKET COSTS, BUT SHOULD REFLECT LOWER PREMIUMS.)

^{5.} RATES WERE PROVIDED TO THE INSURANCE DEPARTMENT BY THE COMPANIES AND MAY NOT REFLECT CURRENT ACCURATE RATES.